

Ship Sept 23/16

Work Order ID 150799

\*150799\*

Page 1

September 06, 2016 4:20:46 PM

Item ID: D206-628-026 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Crew Step RH - Mid Height & High Gear 206L/L1/L3/L4  
Start Date: 9/6/2016 Start Qty: 2.00 \*2\* Cust Item ID:  
Required Date: 9/23/2016 Req'd Qty: 2.00 \*2\* Customer:  
Reference:

Approvals: Process Plan: SLA Date: SEP 06 2016 Tooling: Date: Run Start \*NR1\*  
QC: Date: SPC (Y/N): Date: Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                                            | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty     | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|-------------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                                        |                      |         |        |              |               |                   |                  |                |
| IIN-D206-628                   | G                                                                   |                      |         |        |              |               | DAS<br>21<br>9-89 | 16-09-07         |                |
| 100                            | Document Control                                                    | 0.00                 |         |        |              |               |                   |                  |                |
| *100*                          | DOCUMENT CONTROL                                                    |                      |         |        |              |               |                   |                  |                |
| DC                             | Memo                                                                | 0.00                 |         |        |              |               |                   |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy blue file and type labels as per PPP D206-628-026 CHG 001 |                      |         |        |              |               |                   |                  |                |
| 110                            | Pick Kit                                                            | 0.00                 |         |        |              |               |                   |                  |                |
| *110*                          |                                                                     |                      |         |        |              |               |                   |                  |                |
| Packaging                      | Memo                                                                | 0.00                 |         |        |              |               |                   |                  |                |
| Packaging                      |                                                                     |                      |         |        |              |               |                   |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                             | 0.00                 |         |        |              |               |                   |                  |                |
| *120*                          |                                                                     |                      |         |        |              |               |                   |                  |                |
| QC                             | Memo                                                                | 0.01                 |         |        |              |               |                   |                  |                |
| Quality Control                |                                                                     |                      |         |        |              |               |                   |                  |                |

2x DAS 27 9-89  
SEP 21 2016  
REFERENCE ONLY

2 DAS 28 9-89  
SEP 0 2016

2x DAS 27 9-89  
SEP 21 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |                                                                                                                   |                                              |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |                              |                                                                                                                   |                                              |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                              |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                              |                                                                                                                   |                                              |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |                                                                                                                   |                                              |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |                                                                                                                   | Completed By                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |                                                                                                                   | Lead hand / Supervisor Approval Verification |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QC / QA Coordinator Approval |                                                                                                                   |                                              |  |

| Root Cause                                  |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |
|---------------------------------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> |
| Design <input type="checkbox"/>             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> |
| Material <input type="checkbox"/>           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER : _____          |                          |                                   |                          |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |

**Work Order ID 150799**

September 06, 2016 4:20:46 PM

**\*150799\***

Page 2

Item ID: D206-628-026 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Crew Step RH - Mid Height & High Gear 206L/L1/L3/L4  
Start Date: 9/6/2016 Start Qty: 2.00 **\*2\*** Cust Item ID:  
Required Date: 9/23/2016 Req'd Qty: 2.00 **\*2\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty     | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|-------------------|------------------|----------------|
| 130                            | Packaging                                              | 0.00                 |         |        |              | 2x            | DAS<br>27<br>9-89 | 28<br>9-89       |                |
| <b>*130*</b>                   | Memo                                                   | 0.00                 |         |        |              |               |                   |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D206-628-026 |                      |         |        |              |               |                   |                  |                |
| Packaging                      | Location: _____<br>PPP Rev: _____                      |                      |         |        |              |               |                   |                  |                |
|                                |                                                        |                      |         |        |              |               |                   |                  | SEP 21 2016    |
| 140                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               | DAS<br>21<br>9-89 |                  |                |
| <b>*140*</b>                   | Memo                                                   | 0.03                 |         |        |              |               |                   |                  | SEP 21 2016    |
| QC                             |                                                        |                      |         |        |              |               |                   |                  |                |
| Quality Control                |                                                        |                      |         |        |              |               |                   |                  |                |

DAS  
21  
9-89

SEP 21 2016



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                 |  |

# Picklist Print

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Page 1

Work Order ID: 150799

**\*150799\***

Parent Item: D206-628-026

**\*D206-628-026\***

Parent Item Name: Crew Step RH - Mid Height & High Gear 206L/L1/L3/L4

Start Date: 9/6/2016

Required Date: 9/23/2016

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 11.08.08 NEW ISSUE DD VERF:EC

| Component Item ID/<br>Item Name                  | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per<br>Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status           |
|--------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|----------------|-----------------|---------------|----------------|------------------|
| D2731-7RG<br><b>*D2731-7RG*</b><br>Mounting Lug  |                        | Manufactured  | No          |                     |                  | 110             | Each               | 4.0000         | 2              | 4               |               |                |                  |
|                                                  |                        |               |             |                     |                  |                 |                    |                | **             | 2X 150806       |               |                | DAS 28<br>6 9-89 |
|                                                  |                        |               |             |                     | <u>Location</u>  |                 |                    | <u>Loc Qty</u> |                | <u>Loc Code</u> |               |                |                  |
|                                                  |                        |               |             |                     | ST532            |                 |                    | 4              |                |                 |               |                |                  |
|                                                  |                        |               |             |                     | 129256           |                 |                    | 2              |                |                 |               |                |                  |
|                                                  |                        |               |             |                     | 148018           |                 |                    | 2              |                |                 |               |                |                  |
| D3394-3RG<br><b>*D3394-3RG*</b><br>Lug           |                        | Manufactured  | No          |                     |                  | 110             | Each               | 10.0000        | 2              | 4               |               |                |                  |
|                                                  |                        |               |             |                     |                  |                 |                    |                | **             | 150807          |               |                | DAS 28<br>6 9-89 |
|                                                  |                        |               |             |                     | <u>Location</u>  |                 |                    | <u>Loc Qty</u> |                | <u>Loc Code</u> |               |                |                  |
|                                                  |                        |               |             |                     | ST532            |                 |                    | 10             |                |                 |               |                |                  |
|                                                  |                        |               |             |                     | 129260           |                 |                    | 4              |                |                 |               |                |                  |
|                                                  |                        |               |             |                     | 140887           |                 |                    | 6              |                |                 |               |                |                  |
| D4308-042<br><b>*D4308-042*</b><br>Step, RH Crew |                        | Manufactured  | No          |                     |                  | 110             | Each               | 6.0000         | 1              | 2               |               |                |                  |
|                                                  |                        |               |             |                     |                  |                 |                    |                | **             |                 |               |                | DAS 28<br>6 9-89 |
|                                                  |                        |               |             |                     | <u>Location</u>  |                 |                    | <u>Loc Qty</u> |                | <u>Loc Code</u> |               |                |                  |
|                                                  |                        |               |             |                     | ST536            |                 |                    | 6              |                |                 |               |                |                  |
|                                                  |                        |               |             |                     | 106043           |                 |                    | 2              |                |                 |               |                |                  |
|                                                  |                        |               |             |                     | 134663           |                 |                    | 4              |                |                 |               |                |                  |
| D4309-1<br><b>*D4309-1*</b><br>Bushing           |                        | Manufactured  | No          |                     |                  | 110             | Each               | 2.0000         | 2              | 4               |               |                |                  |
|                                                  |                        |               |             |                     |                  |                 |                    |                | **             | 2X 151000       |               |                | DAS 28<br>6 9-89 |
|                                                  |                        |               |             |                     | <u>Location</u>  |                 |                    | <u>Loc Qty</u> |                | <u>Loc Code</u> |               |                |                  |
|                                                  |                        |               |             |                     | ST091            |                 |                    | 2              |                |                 |               |                |                  |
|                                                  |                        |               |             |                     | 137723           |                 |                    | 2              |                |                 |               |                |                  |

SEP 07 2016

SEP 09 2016

SEP 11 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |



# Picklist Print

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Page 2

Work Order ID: 150799

**\*150799\***

Parent Item: D206-628-026

**\*D206-628-026\***

Parent Item Name: Crew Step RH - Mid Height & High Gear 206L/L1/L3/L4

Start Date: 9/6/2016

Required Date: 9/23/2016

Start Qty: 2.00

Required Qty: 2.00

AN4-11A

Purchased

No

110

Each

99.0000

4

8

**\*AN4-11A\***

BOLT

**\*\***

Location

Loc Qty

Loc Code

FG

20

120731

20

ST344

79

M135056

1

M135530

78

AN4-12A

Purchased

No

110

Each

78.0000

4

8

**\*AN4-12A\***

Bolt

**\*\***

Location

Loc Qty

Loc Code

FG

10

120423

10

ST344

68

m131957

4

m134606

64

AN4-15A

Purchased

No

110

Each

279.0000

2

4

**\*AN4-15A\***

Bolt

**\*\***

Location

Loc Qty

Loc Code

GA

26

120449

26

over003

200

m135470

100

m135544

100

ST343

53

m133769

8

m134055

12

m135127

1

m135297

32

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Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                     |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                     |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                     |  |

| Root Cause                                  |                          |                                                |                          | FAULT CATEGORY                                  |                          |                                                            |                          |
|---------------------------------------------|--------------------------|------------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|------------------------------------------------------------|--------------------------|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>    | <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>        | <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/>                  | <input type="checkbox"/> |
| Design <input type="checkbox"/>             | <input type="checkbox"/> | Operator <input type="checkbox"/>              | <input type="checkbox"/> | Bending <input type="checkbox"/>                | <input type="checkbox"/> | Set-up <input type="checkbox"/>                            | <input type="checkbox"/> |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>          | <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/>  | <input type="checkbox"/> | BOM/Route <input type="checkbox"/>                         | <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> | Supplier <input type="checkbox"/>              | <input type="checkbox"/> | Cracks <input type="checkbox"/>                 | <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/>              | <input type="checkbox"/> |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> | Training <input type="checkbox"/>              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | <input type="checkbox"/> |
| Material <input type="checkbox"/>           | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>       | <input type="checkbox"/> | Cuffs <input type="checkbox"/>                  | <input type="checkbox"/> | Contamination <input type="checkbox"/>                     | <input type="checkbox"/> |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | <input type="checkbox"/> | Crushing <input type="checkbox"/>               | <input type="checkbox"/> | Countersink <input type="checkbox"/>                       | <input type="checkbox"/> |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> | Rushing <input type="checkbox"/>               | <input type="checkbox"/> | Heat Treat <input type="checkbox"/>             | <input type="checkbox"/> | Cut Too Short <input type="checkbox"/>                     | <input type="checkbox"/> |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>   | <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/>     | <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/>   | <input type="checkbox"/> |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>   | <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/>          | <input type="checkbox"/> | Drill Holes <input type="checkbox"/>                       | <input type="checkbox"/> |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | <input type="checkbox"/> | OTHER : _____                                   |                          |                                                            |                          |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> | Past Due <input type="checkbox"/>              | <input type="checkbox"/> |                                                 |                          |                                                            |                          |



# Picklist Print

September 06, 2016 4:20:45 PM

Work Order ID: 150799

\*150799\*

Parent Item: D206-628-026

\*D206-628-026\*

Parent Item Name: Crew Step RH - Mid Height & High Gear 206L/L1/L3/L4

Start Date: 9/6/2016

Required Date: 9/23/2016

Start Qty: 2.00

Required Qty: 2.00

MS21042-4

MS21042L4

Purchased

No

110

Each

2.0000

6

12

\*\*

134055

DAS 28  
6 9-89  
9-89

\*MS21042-4\*

Nut

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST304

2

9063

2

110

Each

3,022.000

6

12

\*\*

DAS 28  
6 9-89  
9-89

NAS1149D0463J

Purchased

No

\*NAS1149D0463J\*

Washer

DAS  
27  
9-89

Location

Loc Qty

Loc Code

GA

230

M132035

15

M134508

32

M135056

183

ST260a

2000

M135407

1000

M135530

1000

ST263

780

M134039

24

M135390

756

ST2663

12

M134039

12

la

SEP 07 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



Work Order update only ☐

|                   |                                                                                                                                                                                |                                        |                                     |                                              |                                      |  |  |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------------|--|--|
| Work Order: _____ | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b>      |                                     |                                              |                                      |  |  |
| Part No. _____    |                                                                                                                                                                                | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/> |  |  |
| NCR No. _____     |                                                                                                                                                                                | Machining <input type="checkbox"/>     | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>     |  |  |
|                   |                                                                                                                                                                                | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>       |  |  |
| Date: _____       | Step #: _____                                                                                                                                                                  | QTY Effective: _____                   |                                     |                                              |                                      |  |  |

MRB (QSI042) Approval

|                                         |                    |                                                     |
|-----------------------------------------|--------------------|-----------------------------------------------------|
| <b>Description Work Order Deviation</b> | <b>Disposition</b> | <b>Completed By</b>                                 |
|                                         |                    | <b>Lead hand / Supervisor Approval Verification</b> |
|                                         |                    | <b>QC / QA Coordinator Approval</b>                 |
|                                         |                    |                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/>                                 |
| <b>OTHER:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



## 5.4 CREW STEP PARTS LIST

| Qty<br>-015 | Qty<br>-016 | Qty<br>-025 | Qty<br>-026 | Qty<br>-035 | Qty<br>-036 | Part Number   | Description                    |
|-------------|-------------|-------------|-------------|-------------|-------------|---------------|--------------------------------|
| X           |             |             |             |             |             | D206-628-015  | CREW STEP, LH 206A/B           |
|             | X           |             |             |             |             | D206-628-016  | CREW STEP, RH 206A/B           |
|             |             | X           |             |             |             | D206-628-025  | CREW STEP, LH 206L/L-1/L-3/L-4 |
|             |             |             | X           |             |             | D206-628-026  | CREW STEP, RH 206L/L-1/L-3/L-4 |
|             |             |             |             | X           |             | D206-628-035  | CREW STEP, LH 407              |
|             |             |             |             |             | X           | D206-628-036  | CREW STEP, RH 407              |
|             |             |             |             | 2           | 2           | D2731-3RG     | MOUNTING LUG                   |
| 2           | 2           | 2           | 2           |             |             | D2731-7RG     | MOUNTING LUG                   |
|             |             |             |             | 2           | 2           | D3394-1RG     | MOUNTING LUG                   |
| 2           | 2           | 2           | 2           |             |             | D3394-3RG     | MOUNTING LUG                   |
|             |             | 1           |             | 1           |             | D4308-041     | CREW STEP, LH                  |
|             |             |             | 1           |             | 1           | D4308-042     | CREW STEP, RH                  |
| 2           | 2           | 2           | 2           | 2           | 2           | D4309-1       | BUSHING                        |
| 1           |             |             |             |             |             | D4357-041     | CREW STEP, LH                  |
|             | 1           |             |             |             |             | D4357-042     | CREW STEP, RH                  |
|             |             | 4           | 4           |             |             | AN4-11A       | BOLT                           |
| 4           | 4           | 4           | 4           | 4           | 4           | AN4-12A       | BOLT                           |
| 2           | 2           | 2           | 2           | 2           | 2           | AN4-15A       | BOLT                           |
| 6           | 6           | 6           | 6           | 6           | 6           | MS21042-4     | NUT                            |
| 6           | 6           | 6           | 6           | 6           | 6           | NAS1149D0463J | WASHER (AN960JD416)            |

## 5.5 MAINTENANCE STEP PARTS LIST

| Qty<br>-017 | Qty<br>-018 | Qty<br>-027 | Qty<br>-028 | Qty<br>-037 | Qty<br>-038 | Part Number   | Description                           |
|-------------|-------------|-------------|-------------|-------------|-------------|---------------|---------------------------------------|
| X           |             |             |             |             |             | D206-628-017  | MAINTENANCE STEP, LH 206A/B           |
|             | X           |             |             |             |             | D206-628-018  | MAINTENANCE STEP, RH 206A/B           |
|             |             | X           |             |             |             | D206-628-027  | MAINTENANCE STEP, LH 206L/L-1/L-3/L-4 |
|             |             |             | X           |             |             | D206-628-028  | MAINTENANCE STEP, RH 206L/L-1/L-3/L-4 |
|             |             |             |             | X           |             | D206-628-037  | MAINTENANCE STEP, LH 407              |
|             |             |             |             |             | X           | D206-628-038  | MAINTENANCE STEP, RH 407              |
| 2           | 2           |             |             | 2           | 2           | D2731-3RG     | MOUNTING LUG                          |
|             |             | 2           | 2           |             |             | D2731-7RG     | MOUNTING LUG                          |
| 2           | 2           |             |             | 2           | 2           | D3394-1RG     | MOUNTING LUG                          |
|             |             | 2           | 2           |             |             | D3394-3RG     | MOUNTING LUG                          |
| 2           | 2           | 2           | 2           | 2           | 2           | D4309-1       | BUSHING                               |
|             |             | 1           |             | 1           |             | D4342-041     | MAINTENANCE STEP, LH                  |
|             |             |             | 1           |             | 1           | D4342-042     | MAINTENANCE STEP, RH                  |
| 1           |             |             |             |             |             | D4358-041     | MAINTENANCE STEP, LH                  |
|             | 1           |             |             |             |             | D4358-042     | MAINTENANCE STEP, RH                  |
| 4           | 4           | 4           | 4           | 4           | 4           | AN4-12A       | BOLT                                  |
|             |             | 4           | 4           |             |             | AN4-13A       | BOLT                                  |
| 2           | 2           | 2           | 2           | 2           | 2           | AN4-15A       | BOLT                                  |
| 6           | 6           | 6           | 6           | 6           | 6           | MS21042-4     | NUT                                   |
| 6           | 6           | 6           | 6           | 6           | 6           | NAS1149D0463J | WASHER (AN960JD416)                   |